

Thank you for your interest in joining CMA and your county medical society!

To begin processing your membership, please fill out the information requested on the following application. When you are sure all information is correct, print out the document, sign and either fax (or mail) the completed application to your county medical society (see the information listed below).

Your application must be processed and approved by your local society. If you have any questions, the contact information listed below should be able to assist you.

SIERRA-Sacramento VALLEY Medical Society
5380 Elvas Ave #100
Sacramento 95819-2396
William A. Sandberg, Exec Director
Chris Stincelli, Assoc Director
E-Mail: info@ssvms.org
TEL: (916) 452-2671
FAX: (916) 452-2690
Web: <http://www.ssvms.org>

PROFESSIONAL DATA

Are you associated in practice with another physician(s)? Yes No

Name(s) of associate(s)

Date you started or plan to start practice in El Dorado, Sacramento or Yolo County

Hospital Affiliations (Anticipated and/or current)

Previous Medical Society Memberships and Dates:

Specialty Society/Scientific Group Memberships

Teaching positions (past, present)

OTHER INFORMATION

Have you ever been charged with or convicted of a misdemeanor or felony? Yes No
If yes, explain:

Have any accusations been filed against your medical license in this state or others? Yes No
If yes, explain:

Has your malpractice insurance ever been denied or cancelled? Yes No
If yes, explain:

Do you speak languages other than English? Yes No If yes, list languages

Are you married? Yes No If yes, please give spouse's name

INFORMATION RELEASE / APPLICANT AGREEMENT

- 1. I hereby apply for membership in the Sierra Sacramento Valley Medical Society and the California Medical Association, and will submit annual dues when due and payable if elected to membership. I understand that membership in the American Medical Association is voluntary.
- 2. I consent to the communication, by any person or entity, of any information bearing upon my qualifications, fitness, character, or competence, and agree that there shall be no liability on account of such communication, unless a matter not reasonably believed to be true is represented as true.
- 3. I hereby grant permission and consent for the Society to obtain from all present and past hospital affiliations information regarding staff privileges and actions relating thereto, and all information from present and former medical societies, partners, associates, and medical school and to release any and all such information to the Sierra Sacramento Valley Medical Society
- 4. I further agree, upon request, to furnish the Society with all information relative to any claim or action filed against me for malpractice, and I authorize and consent for the Society to obtain from my present and/or past liability insurance carriers, any and all information regarding insurance coverage, premiums, claims and suits against me as well as settlements or judgments made on my behalf.
- 5. I agree that the action of the Board of Directors of the Sierra Sacramento Valley Medical Society electing or rejecting me for membership in the Sierra Sacramento Valley Medical Society shall be final and binding upon me and I agree to abide by the same; I agree if elected to membership in the Sierra Sacramento Valley Medical Society, that my membership shall be conditioned upon my compliance with the Bylaws of the Sierra Sacramento Valley Medical Society, the California Medical Association Bylaws, Section 5, and the Principles of Medical Ethics of the American Medical Association as now read or may hereafter be amended to read and as such are interpreted by the Board of Directors or duly constituted committees of the Sierra Sacramento Valley Medical Society. I recognize the authorized officers of this Medical Society and the California Medical Association as the proper and sole authorities to interpret any doubtful points in professional conduct and will at all times abide by their interpretations.

To receive a copy of the Bylaws and the Principles of Medical Ethics contact the Society office 916.452.2671 or refer to www.ssvms.org/bylaws.pdf

Signature (Sign in Ink, do not type) _____ Date: _____